

Application Checklist: Important! Use this to make sure you send us a complete application.

An incomplete application may delay your enrollment if you qualify. **Note:** Do not send this checklist with your application.

When you see this arrow ►, it means you may have to send supporting documents.

- ☐ You have reviewed the PCIP and MRMIP comparison charts, which provide information about eligibility, benefits, and costs.
 - ☐ You have answered all questions on the application. (**For PCIP**, you must provide your **Social Security Number** if you are a U.S. Citizen or U.S. National.)
 - ☐ Send these documents with your application:
 - **For PCIP**, include a copy of **one** of these:
 - ☐ A denial letter from individual (not group) health coverage received in the last 12 months
 - ☐ A letter dated within the last 12 months from a licensed doctor, physician assistant or nurse practitioner stating the individual has or had a medical condition, disability, or illness
 - ☐ An offer letter of individual (not group) health coverage with premiums that are **higher than the MRMIP PPO rate** based on the area where you live
 - ☐ A Certificate of Creditable Coverage letter issued by PCIP from another state or Federally administered PCIP program, (response on page A3 of application)
 - **For PCIP**, include a copy of **one** of these:
 - ☐ Certificate of U.S. Citizenship
 - ☐ Certificate of U.S. Naturalization
 - ☐ U.S. birth certificate
 - ☐ U.S. passport
 - ☐ Other proof of citizenship
 - ☐ Proof of immigration status (Send documents that are not expired. Include copies of both front and back.)
For a list of acceptable immigration documents, go to **www.pcip.ca.gov**. Then click on the "Frequently Asked Questions" link on the website. Or, call us if you need assistance!
 - **If you choose MRMIP**, include a copy of **one** of these:
 - ☐ A denial letter from individual (not group) health coverage received in the last 12 months
 - ☐ An offer letter of individual (not group) health coverage with premiums that are **higher than your first MRMIP plan choice** received in the last 12 months
 - ☐ A termination letter from a health plan, health insurance company or employer plan for reasons other than fraud or non-payment of premiums received in the last 12 months
 - If you choose MRMIP and:**
 - **you are applying for deferred enrollment** because you believe you qualify but currently have health coverage. Include a copy of a letter from the employer or insurance company you have now, telling us when the insurance coverage will end.
 - **you currently have Medicare Part A and Part B because of end-stage renal disease.** Include a copy of the approval letter from Medicare.
 - **you want to waive part or all of the waiting or exclusion period.** Include a copy of proof of any insurance coverage that you had before.
 - **you have a dependent child who is over 23 years old.** Send a doctor's letter with the application for each child over 23 stating that the person cannot work because of a continuous physical or mental disability that started before age 23. The dependent child cannot be married.
 - ☐ Sign the application.
 - ☐ Write a check for one month's premium for the program you are interested in. Make the check payable to the **Managed Risk Medical Insurance Board (MRMIB)**. See pages 8–13 for the programs' monthly premiums by region.
 - ☐ Mail the application with your check and all required documents to:
California Pre-Existing Condition Insurance Plan, P.O. Box 537032, Sacramento, CA 95853-7032
- Insurance Agents/Brokers or Certified Application Assistants:** Complete **all applicable** boxes at the bottom of the application on page A4 to request and receive payment.

Section 1101 of the Patient Protection and Affordable Care Act, Public Law 111-148 and Insurance Code Sections 12739.52(e), 12711(a), authorizes the programs to collect and maintain the information solicited in this application.

For PCIP questions, call **1-877-428-5060**

Monday through Friday 8:00 AM – 8:00 PM, Saturday 8:00 AM – 5:00 PM
or visit **www.pcip.ca.gov**.

For MRMIP questions, call **1-800-289-6574**

Monday through Friday 8:30 AM – 7:00 PM
or visit **www.mrmib.ca.gov**.